Rama Medical College Hospital & Research Centre, Mandhana, Kanpur, UP.

CONSENT FORM

I .....son/daughter/wife of.....exercising my free power of choice, hereby give my consent to be included in the study **"A STUDY TO EVALUATE THE EFFECTIVENESS OF ANTIHYPERTENSIVE DRUGS ON NEWLY DIAGNOSED HYPERTENSIVE PATIENTS IN ASSOCIATION WITH ACE GENE POLYMORPHISM IN NORTH INDIAN POPULATION"** I hereby give my consent for information related to me to be reported in the research study.

I understand that my name and identity will be concealed.

Once signed, I cannot revoke my consent.

(To be explain in detail in native language)

सहमतिफार्म

मैं .....पुत्र/पुत्री /पत्नी/.....स्वयंइसअध्ययनमेंभागलेनारहा/रहींहूं I
मैंस्वयंमुझेसेसंबंधीसूचनाइसअध्ययनकार्यमेंप्रकाशितकरनेकीसहमतिदेता/देतीहूं I
मैंसमझता/समझतीहूंकिमेरापहचानगोपनीयरखीजाएगी।

एकबारहस्ताक्षरकेपश्चातमैंसहमतिरद्दनहींकरसकता/सकतीहूं I

सहभागी

नाम:.....

हस्ताक्षर/अगुठेकानिशान:.....

दिनाक:.....